



James W. Craig  
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## STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR  
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### ELEVATOR ACCIDENT REPORT

NHE#: \_\_\_\_\_

***RSA 157-B:15 Notice of Accidents.** The owner shall report every elevator and accessibility lift accident, whether or not it results in injury to a person or damage to the equipment, to the Commissioner within 48 hours after its occurrence. The inspection certificate for the involved elevator or accessibility lift may be suspended if a qualified inspector inspects the elevator or accessibility lift and finds it to be unacceptable. An owner who willfully refuses or neglects to make such a report shall be fined not more than \$25.*

Name of injured: \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
City State Zip

Tel Number: \_\_\_\_\_ Male Female

Date of Injury \_\_\_\_\_ Day of Week \_\_\_\_\_ Hour of Day \_\_\_\_\_

Date Accident Reported to Owner/Lessee: \_\_\_\_\_

Owner/Lessee: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Office Address: \_\_\_\_\_  
City State Zip

Location of Bldg/Place Accident Occurred: \_\_\_\_\_

\_\_\_\_\_ Tel No: \_\_\_\_\_

Was there any damage to equipment?: \_\_\_\_\_ Please Explain: \_\_\_\_\_

Was an elevator inspector/mechanic notified? \_\_\_\_\_

If so, name and number of person notified: \_\_\_\_\_

Time and date of notification: \_\_\_\_\_

Describe fully how accident occurred and state what injured was doing when accident occurred: \_\_\_\_\_

\_\_\_\_\_

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Name and Address of Witness: \_\_\_\_\_

Nature and Location of Injury: \_\_\_\_\_

Was accident fatal?: \_\_\_\_\_ Non Fatal: \_\_\_\_\_

Date of this Report: \_\_\_\_\_ Date of Last Inspection: \_\_\_\_\_

Was Certificate Issued?: \_\_\_\_\_

By: \_\_\_\_\_

NH State Elevator Inspector

Inspector Number